

# **SUBSTANCE ABUSE AGENCY MODEL (SAAM)**

## **Fee For Service Reports**

**Q1 CY 2014**

1. Providers Enrolled
2. Active Providers
3. Claims
4. Denials
5. Procedures
6. Diagnoses
7. Aid Category
8. Demographics

## Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred Quarter				QTR 1 2014
Provider Type NV Code	Provider Specialty NV Cd	Provider County	Provider ID and Name	Providers Enrolled
017	215	Carson City	100535028 CARSON CITY COMMUNITY COUNSELING CENTER	1
		Churchill	100535036 NEW FRONTIER TREATMENT CENTER	1
		Clark	100535029 COMMUNITY COUNSELING CENTER	1
			100535030 HELP OF SOUTHERN NEVADA	1
			100535031 HELP OF SOUTHERN NEVADA	1
			100535035 VITALITY UNLIMITED	1
			100535042 LAS VEGAS INDIAN CENTER INC	1
			100535044 BRIDGE COUNSELING ASSOCIATES	1
			100535047 WESTCARE NEVADA INC	1
			100535050 WESTCARE NEVADA INC	1
			100535052 WESTCARE NEVADA INC	1
		Douglas	100535380 TAHOE YOUTH AND FAMILY SERVICES	1
		Elko	100535033 VITALITY UNLIMITED	1
		Humboldt	100535045 VITALITY UNLIMITED	1
		Lyon	100535032 RURAL NEVADA COUNSELING	1
		Nye	100535049 WESTCARE NEVADA INC	1
		Washoe	100535020 BRISTLECONE FAMILY RESOURCES	1
			100535034 VITALITY UNLIMITED	1
			100535038 QUEST COUNSELING AND CONSULTING	1
			100535039 TAHOE YOUTH AND FAMILY SERVICES	1
			100535041 FAMILY COUNSELING SERVICE OF NORTHERN NV	1
			100535043 RIDGE HOUSE INC	1
			100535046 STEP 2 INC	1
			100535048 WESTCARE NEVADA INC	1
			100535452 STEP 1 INC	1
			<b>Total</b>	<b>25</b>

**Providers Enrolled** is the unique count of providers who are enrolled to provide services under the plan. This includes all providers authorized to provide services even if they have not provided services to any patients.

The DHCFP data warehouse is comprised of claims data submitted by over 21,000 Medicaid providers from within Nevada and across the country. While DHCFP staff conscientiously make their best efforts to validate this data through continuous provider education and the use of a highly experienced audit staff, the Division heavily relies on its providers to submit accurate and complete information on our Medicaid patients. It should therefore be understood by the users of DHCFP reports on disease morbidity and patient health that the data source for these reports is based solely on patient claims data and may not be a complete and comprehensive health record.

## Substance Abuse Agency Model (SAAM)

### Fee for Service Reports

Time Period: Incurred With Runoff Quarter			QTR 1 2014
			Providers
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Provider ID and Name	
017	215	100535020 BRISTLECONE FAMILY RESOURCES	1
		100535028 CARSON CITY COMMUNITY COUNSELING CENTER	1
		100535029 COMMUNITY COUNSELING CENTER	1
		100535030 HELP OF SOUTHERN NEVADA	1
		100535032 RURAL NEVADA COUNSELING	1
		100535033 VITALITY UNLIMITED	1
		100535036 NEW FRONTIER TREATMENT CENTER	1
		100535038 QUEST COUNSELING AND CONSULTING	1
		100535041 FAMILY COUNSELING SERVICE OF NORTHERN NV	1
		100535043 RIDGE HOUSE INC	1
		100535044 BRIDGE COUNSELING ASSOCIATES	1
		100535046 STEP 2 INC	1
		100535380 TAHOE YOUTH AND FAMILY SERVICES	1
		100535452 STEP 1 INC	1
		<b>Total</b>	<b>14</b>

**Providers** is the unique count of providers who performed any facility, professional, or pharmacy services.

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## Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter		QTR 1 2014			
		Claims Paid	Claims % Paid	Claims Denied	Claims % Denied
Provider Type Claim NV Code	Provider Specialty Claim NV Code				
017	215	1,570	52.99%	1,393	47.01%

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## Substance Abuse Agency Model (SAAM)

### Fee for Service Reports

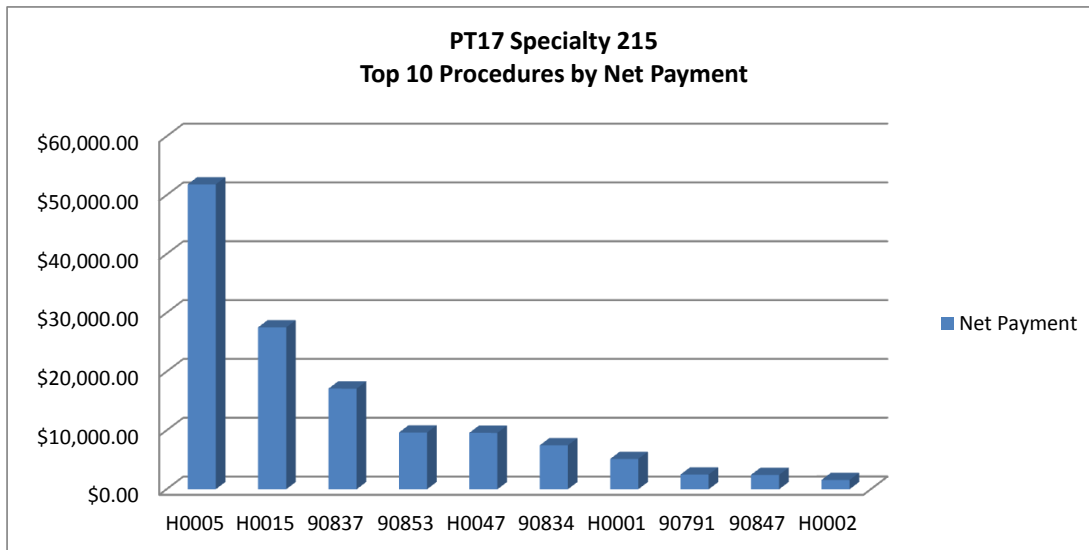
Time Period: Incurred With Runoff Quarter			QTR 1 2014
			Claims Denied
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Edit Error 1	
017	215	SERVICES NOT COVERED	316
		Rendering Provider Not Certifi	289
		Procedure Requires Authorizati	242
		Service Center Not Authorized	188
		ENROLLED IN HMO	71
		BILL ANY OTHER AVAILABLE INSUR	57
		Recipient Not on File	53
		Duplicate Payment Request - Sa	51
		Duplicate of History File Reco	23
		Unknown Edit Err1 4720	18
		Unknown Edit Err1 4721	17
		ALLOWED AMOUNT > THRESHOLD	14
		INVALID SECONDARY DIAGNOSIS	12
		NUMBER OF PROCEDURES EXCEEDS N	11
		CURR PROC. DUPL TO CURR(MAX AL	7
		Charges Span 2 Fiscal Years	7
		CURR PROC. DUPL TO HIST(MAX AL	6
		INVALID PROCEDURE/MODIFIER COM	4
		Invalid or Missing Recipient I	2
		Recipient Not Eligible on DOS	2
		DENIED CLM REPROCESSED	1
		PAYMENT REDUCED TO UNITS AUTHO	1
		QMB ONLY RECIPIENT - BILL MEDI	1
		Total	1,393

**Edit Error 1** is the description for the edit error (claim denial reason) in the primary position. A single claim can have up to 30 different edit error codes.

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## Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter				QTR 1 2014		
				Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Procedure Code	Procedure			
017	215	H0005	Alcohol &/or Drug Services	81	1,737	\$51,844.95
		H0015	Alcohol &/or Drug Services	20	196	\$27,528.20
		90837	Psytx Pt&/Family 60 Minutes	33	159	\$17,108.89
		90853	Group Psychotherapy	35	323	\$9,641.55
		H0047	Alcohol/Drug Abuse Svc NOS	61	166	\$9,591.48
		90834	Psytx Pt&/Family 45 Minutes	27	101	\$7,465.92
		H0001	Alcohol &/or Drug Assess	37	37	\$5,150.56
		90791	Psych Diagnostic Evaluation	19	18	\$2,510.28
		90847	Family Psytx w Patient	8	25	\$2,446.25
		H0002	Alcohol &/or Drug Screenin	51	51	\$1,568.35
		H0049	Alcohol/Drug Screening	53	53	\$516.75
		90838	Psytx Pt&/Fam w E&M 60 Min	1	4	\$397.96
		H0038	Self-Help/Peer Svc Per 15min	2	51	\$313.68
		90839	Psytx Crisis Initial 60 Min	1	2	\$225.10
		90833	Psytx Pt&/Fam w E&M 30 Min	3	5	\$190.30
		99213	Office/Outpatient Visit Est	2	4	\$176.00
		H0007	Alcohol &/or Drug Services	2	3	\$65.13
		90836	Psytx Pt&/Fam w E&M 45 Min	1	1	\$61.72
		90792	Psych Diag Eval w Med Srvc	1	0	\$0.00
		<b>Total</b>		<b>438</b>	<b>2,936</b>	<b>\$136,803.07</b>



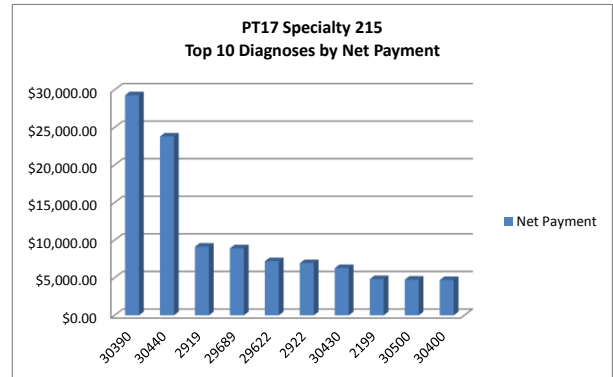
**Net Payment** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.

Total Patient Count is not unique (i.e. patient counts may be duplicated across procedure codes).

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**Substance Abuse Agency Model (SAAM)  
Fee for Service Reports**

Time Period: Incurred With Runoff Quarter				QTR 1 2014		
Provider Type	Provider Specialty	Diagnosis Code	Diagnosis Principal	Patients	Service Count Paid	Net Payment
Claim NV Code	Claim NV Code	Principal				
017	215	30390	Alcoh Dep NEC/NOS-Unspec	52	510	\$29,284.66
		30440	Amphetamin Depend-Unspec	66	385	\$23,793.00
		2919	Alcohol Mental Disor NOS	1	306	\$9,134.10
		29689	Bipolar Disorder NEC	4	265	\$8,913.39
		29622	Depressive Psychosis-Mod	3	219	\$7,208.95
		2922	Pathologic Drug Intox	1	229	\$6,945.26
		30430	Cannabis Depend-Unspec	17	138	\$6,292.55
		2199	Benign Neo Uterus NOS	1	158	\$4,826.83
		30500	Alcohol Abuse-Unspec	21	70	\$4,747.41
		30400	Opioid Dependence-Unspec	11	80	\$4,693.85
		29630	Recurr Depr Psychos-Unsp	5	74	\$3,675.39
		3149	Hyperkinetic Synd NOS	1	56	\$2,496.37
		3094	Adj Dis-Emotion/Conduct	3	46	\$2,149.80
		2929	Drug Mental Disorder NOS	1	68	\$2,140.33
		3004	Dysthymic Disorder	2	40	\$1,772.03
		29633	Recurr Depr Psych-Severe	2	24	\$1,424.28
		30928	Adjust Dis w Anxiety/Dep	4	24	\$1,200.41
		3003	Obsessive-Compulsive Dis	1	11	\$1,189.65
		29680	Bipolar Disorder NOS	3	20	\$1,166.15
		30981	Posttraumatic Stress Dis	5	14	\$1,057.96
		311	Depressive Disorder NEC	2	11	\$1,052.73
		30410	Sed,Hyp,Anxiolyt Dep-NOS	1	9	\$973.35
		31282	Cndct Dsrdr Adlsctn Onst	1	18	\$918.50
		29650	Bipol I Cur Depres NOS	2	15	\$845.03
		29634	Rec Depr Psych-Psychotic	1	6	\$842.70
		29652	Bipol I Cur Depress-Mod	2	8	\$819.13
		30420	Cocaine Depend-Unspec	3	15	\$723.75
		30520	Cannabis Abuse-Unspec	10	16	\$718.41
		30480	Comb Drug Dep NEC-Unspec	2	20	\$713.07
		30490	Drug Depend NOS-Unspec	1	10	\$541.24
		30923	Academic/Work Inhibition	1	5	\$540.75
		31389	Emotional Dis Child NEC	1	5	\$540.75
		30570	Amphetamine Abuse-Unspec	11	12	\$464.65
		31401	Attn Deficit w Hyperact	1	4	\$432.60
		30550	Opioid Abuse-Unspec	5	10	\$422.73
		30002	Generalized Anxiety Dis	1	4	\$386.53
		30924	Adjustment Dis w Anxiety	1	11	\$328.35
		30540	Sed,Hyp,Anxiolytc Ab-NOS	1	4	\$295.68
		29651	Bipol I Cur Depress-Mild	1	2	\$216.30
		29632	Recurr Depr Psychos-Mod	1	2	\$206.00
		29636	Recurr Depr Psych-Full Rem	1	2	\$147.84
		29900	Autistic Disord-Current	1	1	\$139.46
		30401	Opioid Dependence-Contin	1	1	\$139.46
		3099	Adjustment Reaction NOS	1	1	\$108.15
		30000	Anxiety State NOS	1	1	\$73.92
		7999	Unkn Cause Morb/Mort NEC	3	3	\$50.27
		29621	Depress Psychosis-Mild	1	1	\$29.85
		V7109	Observ-Mental Cond NEC	2	2	\$19.50
			<b>Total</b>	<b>264</b>	<b>2,936</b>	<b>\$136,803.07</b>



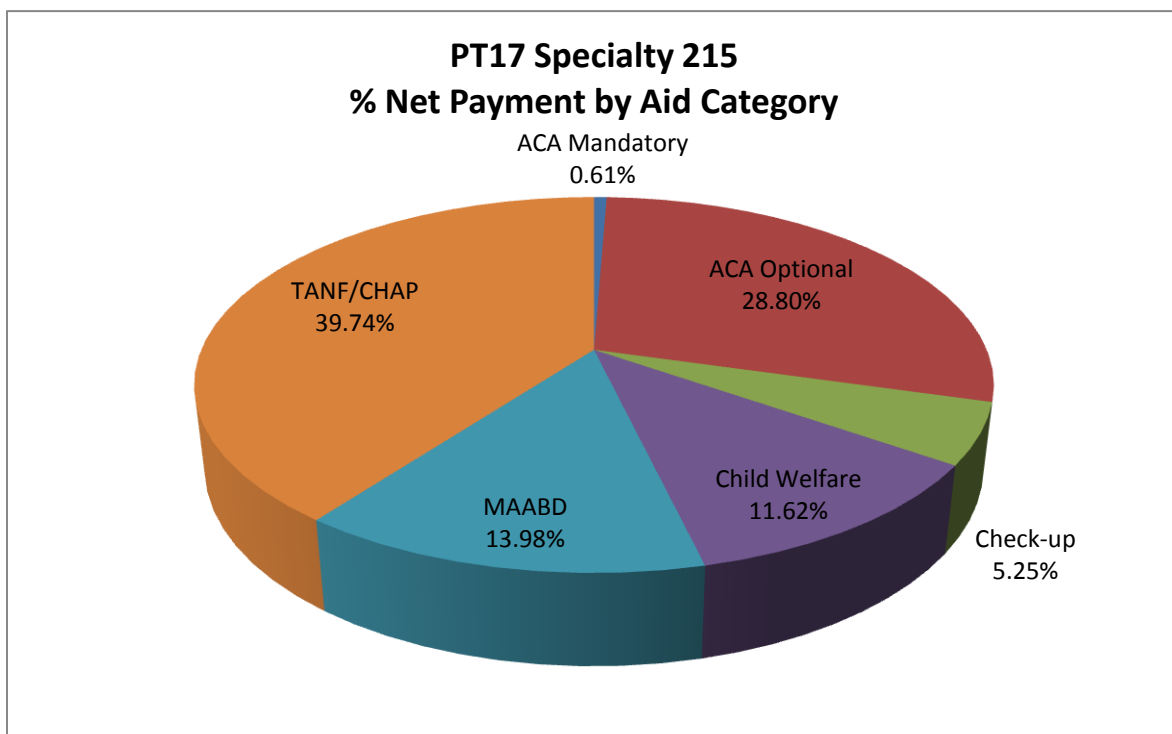
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Time Period: Incurred With Runoff Quarter			QTR 1 2014		
			Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Category			
017	215	ACA Mandatory	2	13	\$837.88
		ACA Optional	106	782	\$39,398.16
		Check-up	3	235	\$7,180.22
		Child Welfare	17	425	\$15,901.23
		MAABD	30	288	\$19,125.31
		TANF/CHAP	95	1,193	\$54,360.27
		<b>Total</b>	<b>253</b>	<b>2,936</b>	<b>\$136,803.07</b>



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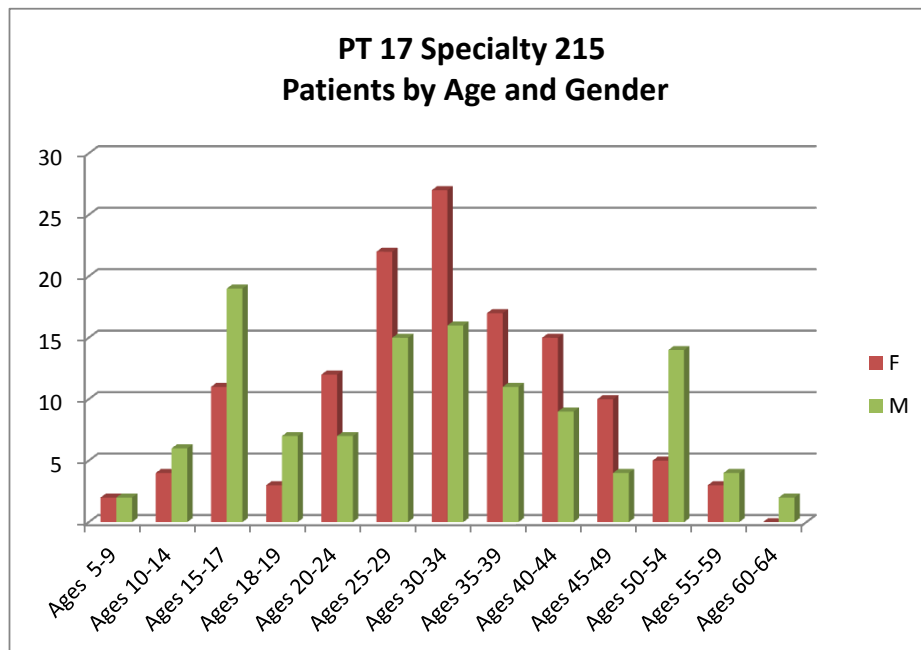
Total Patient Count is not unique (i.e. patient counts may be duplicated across aid categories).

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## Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter			QTR 1 2014	
			Patients	
			F	M
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Age Group Medstat		
017	215	Ages 5-9	2	2
		Ages 10-14	4	6
		Ages 15-17	11	19
		Ages 18-19	3	7
		Ages 20-24	12	7
		Ages 25-29	22	15
		Ages 30-34	27	16
		Ages 35-39	17	11
		Ages 40-44	15	9
		Ages 45-49	10	4
		Ages 50-54	5	14
		Ages 55-59	3	4
		Ages 60-64	0	2
		<b>Total</b>	<b>131</b>	<b>116</b>



Note: there is a small amount of Patients that change age during the quarter and fall into more than one age group.

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